

SERFF Tracking Number: CNNA-125715194 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CMISC-08-6010-AR
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: CMISC-08-6010-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company
Product Name: CMISC-08-6010-AR SERFF Tr Num: CNNA-125715194 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: EFT \$50
Non-Liability
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: CMISC-08-6010-AR State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins
Author: Sharon Whitaker Disposition Date: 06/30/2008
Date Submitted: 06/27/2008 Disposition Status: Approved
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):
01/01/2009
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/30/2008
State Status Changed: 06/30/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

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Filing fees will be sent through the Electronic Filing Fee System as a (EFT) filing.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by October 1, 2008, for the software to be mailed to our agents on November 1, 2008, for the effective date of January 1, 2009.

Your approval is respectfully requested for use on policies effective on or after January 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst
 6200 S. Gilmore Road
 Fairfield, OH 45014

sharon_grubbs@cinfin.com
 (513) 870-2091 [Phone]

Filing Company Information

The Cincinnati Insurance Company
 6200 S. Gilmore Road
 Fairfield, OH 45014
 (513) 870-2000 ext. [Phone]

CoCode: 10677
 Group Code: 244
 Group Name:
 FEIN Number: 31-0542366

State of Domicile: Ohio
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	06/27/2008	21128121

Created by SERFF on 06/30/2008 10:35 AM

SERFF Tracking Number:	CNNA-125715194	State:	Arkansas
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TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0000 CMP Sub-TOI Combinations
	Liability		
Product Name:	CMISC-08-6010-AR		
Project Name/Number:	/		

Disposition

Disposition Date: 06/30/2008
Effective Date (New): 01/01/2009
Effective Date (Renewal): 01/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125715194 State: Arkansas

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Liability

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	FORMS AND ENDORSEMENTS	Approved	Yes
	SCHEDULE AT INCEPTION OF POLICY		
Form	NAMED INSURED SCHEDULE	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FORMS AND ENDORSEMENT S SCHEDULE AT INCEPTION OF POLICY	IA 4330	03 08	Declaration New s/Schedule		0.00	IA4330 03-08.pdf
Approved	NAMED INSURED SCHEDULE	IA 905	02 98	Declaration Replaced s/Schedule	Replaced Form #:0.00 IA 905 01 92 Previous Filing #: ?		IA 905 02 98.pdf

FORMS AND ENDORSEMENTS SCHEDULE AT INCEPTION OF POLICY

POLICY NUMBER _____ EFFECTIVE DATE _____

NAMED INSURED _____

FORMS AND ENDORSEMENTS APPLICABLE AT INCEPTION OF POLICY

This is a schedule of the forms and endorsements found in this policy on its inception date. The schedule is not updated during the policy term to reflect additions to or deletions from this schedule. No coverage is provided by this schedule. It does not replace any provision of your policy. You should read your policy and review your declarations page(s) and any subsequent endorsements carefully for complete information on the coverage that you are provided. If there is any conflict between the policy and this schedule, the provisions of the policy shall prevail.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED SCHEDULE

This Schedule supplements the Declarations.

SCHEDULE

Named Insured:

<i>SERFF Tracking Number:</i>	<i>CNNA-125715194</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CMISC-08-6010-AR</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>CMISC-08-6010-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 06/30/2008
Comments:
Attachments:
F777AR.pdf
F778AR_307[1].pdf

Satisfied -Name: MEMORANDUM
Review Status: Approved 06/30/2008
Comments:
Attachment:
MEMOF.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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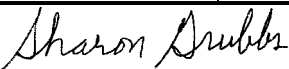
3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CMISC-08-6010-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Analyst	513-870-2091	513-870-2097	Sharon_grubbs@cinfin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Sharon Grubbs

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	MULTIPLE LINES
10. Sub-Type of Insurance (Sub-TOI)	MULTIPLE LINES
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	6/27/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CMISC-08-6010-AR
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT FILING

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		CMISC-08-6010-AR		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	NAMED INSURED SCHEDULE	IA 905 02 98	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IA905 01 92	?
02	FORMS AND ENDORSMENTS SCHEDULE AT INCEPTION OF POLICY	IA 4330 03 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**ARKANSAS
MISCELLANEOUS
FORMS MEMORANDUM**

NEW FORM	OLD FORM	TITLE/DESCRIPTION OF CHANGE
IA 905 02 98	IA 905 01 92	NAMED INSURED SCHEDULE Added the following: "This Schedule supplements the Declarations." "SCHEDULE" "Named Insured:" This form applies to the following lines of business: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Commercial Inland Marine Commercial Umbrella
IA 4330 03 08	-----	FORMS AND ENDORSEMENTS SCHEDULE AT INCEPTION OF POLICY This schedule provides a list of all forms and endorsements attached to a policy at the policy's inception. This form applies to the following lines of business: Division One - Commercial Auto Division Two - Machinery and Equipment Division Three - Crime Division Four - Farm Division Five - Commercial Property Division Six - General Liability Division Seven - Professional Liability Division Eight - Inland Marine Commercial Umbrella